

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)	B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)	C. Request Status or Process Code (X one)		D. Amendment No.
		(1) Initial	(2) Resubmission	
		(3) Correction	(4) Cancellation	


Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Svc a. Years b. Months
6. Home Address (Street, City, State and ZIP Code) (optional)	7. Phone Numbers (Include area code)		8. Position Title	
	a. Home b. Office		9. Position Level (X one) a. Executive b. Manager	
11. Organization Name	(1) Commercial (2) Autovon		10. Pay Plan / Series / Grade / Step (Rank/ MOS/AFSC/or Navy Designator)	
12. Organization Mailing Address (Include ZIP)	13. Organization UIC		14. Type of Appointment	15. No. prior non-government training days
	16. Are you handicapped or disabled? (X one) Yes No			
		e. Other (Specify)		



Section B - TRAINING COURSE DATA

17. Course Title				
18. Training Objectives (Benefits to be derived by the Government)				
19. Recommended Training Source, School or Facility				
a. Name				
b. Mailing address (Include ZIP)				
c. Location of training site (If other than 19b)				
20. Course Codes				
a. Purpose		f. Security Clearance		k. Training Program
b. Type		g. Allocation Status		l. Reason for Selection
c. Source		h. Priority	23. Training Period (YYMMDD)	
d. Special Interest		i. Training Level	a. Start	
e. Training Vendor		j. Method of Training	b. Complete	
			21. Course hours (4 digits)	22. Course Identifiers
			a. Duty	a. SAID
			b. Non-duty	b. Catalog / Course No.
			c. TOTAL	c. Offering / TLN

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box 				
25. Direct Costs		26. Indirect Costs (For information only)		27. Accounting Classification
a. Tuition cost		a. Travel cost		
b. Books, material, other costs		b. Per diem/other costs		
c. Total direct costs		c. Total indirect costs		
d. Funding source		28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)
31. Job Order No.				
				30. Total of Direct & Indirect Costs

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)					33. Training Officer: I certify this training meets regulatory requirements.														
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)											
c. Signature & Title			d. Date		c. Signature & Title			d. Date											
34. Authorizing Official					35. Course Acceptance (To be completed by school official)														
a. Action (X one) 		(1) Approved		(2) Disapproved	a. Accepted		c. School Official Signature		d. Date										
b. Typed Name (Last, First, Middle Initial)			c. Phone number (Include area code)		b. Not Accepted														
d. Signature & Title			e. Date		36. Course Completion (To be completed by school official)														
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:					a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. 					b. Actual Completion Date (YYMMDD)	c. Grade								
					d. Signature & Title					e. Date									
					38. Certifying Government Official														
					a. I certify that this account is correct and proper for payment in the amount of: \$														
					b. Signature					c. Date Signed									
					d. DSSN Number					e. Check Number					f. Voucher Number				

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

Section E - TERMINATION AND EVALUATION DATA *(To be completed by trainee)*

39. Was course completed <i>(X one)</i> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:5%;"></td><td style="width:10%;">a. Yes</td><td style="width:85%;">(If not, return form with a memo explaining circumstances)</td></tr><tr><td></td><td>b. No</td><td></td></tr></table>			a. Yes	(If not, return form with a memo explaining circumstances)		b. No		40. Actual course dates <i>(YYMMDD)</i> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">a. Commenced</td><td style="width:50%;">b. Completed</td></tr></table>		a. Commenced	b. Completed	41. Actual course hours <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">a. Duty</td><td style="width:50%;">b. Non-duty</td></tr></table>		a. Duty	b. Non-duty	42. Academic grade / score	
	a. Yes	(If not, return form with a memo explaining circumstances)															
	b. No																
a. Commenced	b. Completed																
a. Duty	b. Non-duty																
43. Were all sessions attended? <i>(X one)</i> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:5%;"></td><td style="width:10%;">a. Yes</td><td style="width:85%;"></td></tr><tr><td></td><td>b. No</td><td><i>(Explain reason)</i></td></tr></table>							a. Yes			b. No	<i>(Explain reason)</i>						
	a. Yes																
	b. No	<i>(Explain reason)</i>															
44. What were your objectives in taking this course? Were they met?																	
AREAS OF EVALUATION <i>X appropriate column to indicate your evaluation of items 45 through 56. Do not attempt to split a rating.</i>																	
				RATING													
				A	B	C											
45. Stated objective accomplished		A - Yes	B - Partially	C - No													
46. Coverage of subject matter		A - Excellent	B - Sufficient	C - Poor													
47. Organization of subject matter		A - Well organized	B - Adequate	C - Poorly organized													
48. Suitability of instructional materials		A - Excellent	B - Adequate	C - Poor													
49. Level of difficulty		A - Too advanced	B - Appropriate	C - Too elementary													
50. Length of course		A - Too long	B - Appropriate	C - Too short													
51. Amount of outside or evening work		A - Too much	B - Appropriate	C - Insufficient													
52. Effectiveness of instructors		A - Excellent	B - Good	C - Poor													
53. Applicability of subject matter to the job		A - Significant	B - Adequate	C - Insignificant													
54. Facilities		A - Excellent	B - Good	C - Poor													
55. Recommendation to colleagues		A - Highly recommend	B - Recommend	C - Not recommended													
56. Meet career development plans		A - Yes	B - No	C - Not applicable													
57. Comments on course strengths / weaknesses																	

Section F - SUPERVISORY COMMENTS *(To be completed by trainee's immediate supervisor)*

58. Have you discussed this course and its application to the job with this employee? <i>(X one)</i>			a. Yes		b. No				
59. What are your objectives in having employee attend course? <i>(Complete at time of nomination)</i>									
60. Were the objectives of the training achieved?									
61. Additional comments									
62. Supervisor <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">a. Signature</td><td style="width:50%;">b. Date</td></tr></table>			a. Signature	b. Date	63. Trainee <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">a. Signature</td><td style="width:50%;">b. Date</td></tr></table>			a. Signature	b. Date
a. Signature	b. Date								
a. Signature	b. Date								

PRIVACY ACT STATEMENT**AUTHORITY:**The Government Employees Training Act of 1958 (*USC, Title 5, 4101 to 4118*) EO 9397, November 1943 (*SSN*).**PURPOSE AND USE:**

Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

DISCLOSURE:

Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.